



# State of Maine

## BARBERING & COSMETOLOGY LICENSING PROGRAM

The information in this application packet is to assist you in completing your application. It is recommended that you review applicable laws and rules for further guidance.

### SCHOOL RENEWAL

Do not return the following 2 informational pages with your application; they are for your information only

Department of Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
(Mailing address) 35 State House Station, Augusta, ME 04333  
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8579  
TTY users call Maine relay 711  
FAX (207) 624-8637

Web address: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)  
Email: [barbercosm.lic@maine.gov](mailto:barbercosm.lic@maine.gov)

## APPLICATION INSTRUCTIONS SCHOOL RENEWAL

Complete and submit this application and supporting documents to the Maine Barbering and Cosmetology Licensing Program with the required fee and documentation. **Please see 32 M.R.S., Subchapter 4 and Chapter 27 of the Board Rules for application requirements.**

The Barbering & Cosmetology Licensing Program requires that all supporting documents and fees be submitted with the filing of your application. All fees are non refundable. **Your application will be considered incomplete if your supporting documents and/or fees are omitted. An application that remains incomplete for more than sixty (60) days will become null and void.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

### **PROCESSING TIME:**

- ✓ Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing) to monitor your application's progress in real time. If the status appears as "PENDING", this means that your application was received by this office, and is pending or under review. Once reviewed, and if everything about your application is complete and complies with requirements, the license will be issued. The status online will show as "ACTIVE". If your application is incomplete, a letter will be mailed to you.
- ✓ **Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications.**

### **IMPORTANT INFORMATION REGARDING YOUR LICENSE:**

**The Office no longer prints licenses.** You will be notified by email from [noreply@maine.gov](mailto:noreply@maine.gov) using the email address you provide on this application. A copy of your license will be attached to that email. (A paper license will not be sent by regular mail). **The email with your license will contain the access code that is required to renew your license online when the time comes.** You may also update your contact information and email address on our website [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing) using your access code.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder will be sent to you by email. It is important that you maintain a current email on file, or you risk not being able to receive the renewal reminder. You do not need to wait for a renewal reminder to renew your license. The online renewal opens sixty (60) days prior to the license expiring and you may renew online anytime. Failure to receive a courtesy renewal reminder notice does not waive your responsibility to renew your license in a timely manner.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8579 Fax: (207) 624-8637 TTY users call Maine relay 711 web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes, but you will not leave with a license.
- **Can I come to Gardiner to pick up my license?** No. Your license will be e-mailed to you.
- **How long does it take to process an application?** You can check your status on our website at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as "PENDING" at first; as soon as your status is "ACTIVE" you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

#### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**STATE OF MAINE**  
**DEPARTMENT OF PROFESSIONAL**  
**AND FINANCIAL REGULATION**  
**OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION**  
**COMPANY APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME OF SCHOOL

FEIN OR SSN

PHYSICAL ADDRESS OF SCHOOL

CITY STATE ZIP COUNTY

MAILING ADDRESS OF SCHOOL

CITY STATE ZIP COUNTY

PHONE # ( ) FAX # ( ) E-MAIL - (Your license will be emailed)

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

PRINTED NAME OF SCHOOL OFFICIAL

 SIGNATURE

DATE

**Barbering and Cosmetology Licensing Program**  
**RENEWAL OF SCHOOL LICENSE**  
**Required Fee: \$500.00(Non-Refundable)**

License # \_\_\_\_\_

**Office Use Only:**  
SH/SHB/SCR

1427 - \$500.00

*Office Use Only:*

Check # \_\_\_\_\_

Amount: \_\_\_\_\_

Cash # \_\_\_\_\_

Lic. # \_\_\_\_\_

Issue Date \_\_\_\_\_

Exp. Date \_\_\_\_\_

**PAYMENT OPTIONS:**

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit or debit card, fill out the following:

NAME OF CARDHOLDER (please print) FIRST MIDDLE INITIAL LAST

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my ☐ AMERICAN EXPRESS ☐ VISA ☐ MASTERCARD ☐ DISCOVER the following amount: \$\_\_\_\_\_

☐ I understand that fees are non-refundable

Card number: XXXX-XXXX-XXXX-XXXX

Expiration Date mm / yyyy

 SIGNATURE

DATE

## **SECTION 1: OWNERSHIP**

- ☐ Pursuant to Program Rules, Chapter 27 (2) (5) A change in ownership requires a new application. If there has been a change in ownership you cannot renew the existing license, you must submit a new school application.

## **SECTION 2: MANAGER / DIRECTOR CONTACT INFORMATION**

Name of Manager / Director		Title
FIRST	MIDDLE INITIAL	LAST
Telephone Number		Email Address
(      )		

## **SECTION 3: GENERAL CONTACT INFORMATION FOR SCHOOL**

Primary Phone #	Fax #	Email Address
(      )	(      )	
Website Address		

## **SECTION 4: COURSE OFFERING**

<b>Courses you have been approved to offer to students (check all that apply)</b>	
<b>Have you added or deleted any courses from your previous application?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</b>	
<input type="checkbox"/> Aesthetics – 600 clock hours	<input type="checkbox"/> Cosmetology - 1500 clock hours
<input type="checkbox"/> Barbering – 1500 clock hours	<input type="checkbox"/> Nail Technology – 200 clock hours
<input type="checkbox"/> Limited Barbering – 800 clock hours	<input type="checkbox"/> Instructors - 1000 clock hours

## **SECTION 5: SCHOOL HOURS**

	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**SECTION 6: INSTRUCTIONAL STAFF**

Staff Name	Teaching Assignment	
Background Experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background Experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background Experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background Experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background Experience		
License Number	Expiration	Date of Employment

**SECTION 6 (CONTINUED): INSTRUCTIONAL STAFF**

Staff Name	Teaching Assignment	
Background Experience		
License Number	Expiration	Date of Employment

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Background Experience		
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Staff Name	Teaching Assignment	
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Staff Name	Teaching Assignment	
Background Experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background Experience		
License Number	Expiration	Date of Employment

## **SECTION 7: FACILITY INSPECTIONS**

- ☐ Documented evidence that the school meets applicable Maine and local fire safety standards. Documentation should include copies of current permits and certificates indicating compliance.

## **SECTION 8: BOND / FINANCIAL / INSURANCE INFORMATION**

### **A. Bond**

- ☐ Evidence shall be submitted to indicate that the school has a valid surety bond as required by law.

### **B. Financial Information** (32 MRS §14246(2))

- ☐ Most recent financial audit conducted by certified public accountant unaffiliated with the school

### **C. Liability Insurance** (See Program Rules Chapter 27 Subchapter 2(1)(13))

- ☐ Professional liability insurance
- ☐ Public liability insurance

## **SECTION 9: SPECIFIC INFORMATION**

### **A. School Catalog/Brochure** 32 MRS § 14246(2)(A & B))

- ☐ Submit a copy of the current school catalog/brochure.

## **SECTION 10: THE FOLLOWING SECTION TO BE COMPLETED BY THE SCHOOL OWNER**

<p>Since your last renewal have you or any corporate officers, owners, or the designated officer of this entity been convicted of any criminal offense (including motor vehicle criminal offenses)? If yes:</p> <p>1. Provide a <u>detailed explanation</u> in the offender's own words on a separate sheet of paper.</p> <p>2. Attach a copy of the <u>Court Judgment and Decision</u>.</p> <p>3. If a motor vehicle criminal offense, attach a copy of a recent motor vehicle report.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Since your last renewal has any state or territory of the U.S., province/territory of Canada, or any other jurisdiction EVER denied your application for any type of examination, professional license, certificate or registration, or taken any disciplinary action against the license issued to you in that jurisdiction (including, but not limited to, warning, reprimand, fine, suspension, revocation or restrictions in permitted practice, probation with or without monitoring)? If yes:</p> <p>1. List the jurisdiction(s):</p> <p>State/Jurisdiction _____ Date _____</p> <p>State/Jurisdiction _____ Date _____</p> <p>2. Submit a copy of the consent agreement or decision and order for each of the above.</p> <p>3. Provide a detailed explanation in your own words on a separate sheet of paper.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>



## **SECTION 11: NOTICES**

### **Please Note:**

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

## **SECTION 12: LAWS AND RULES**

Access to all relevant laws and rules are accessible from this web page.

### ***Maine Barbering and Cosmetology Laws and Rules***

<http://www.maine.gov/pfr/professionallicensing/professions/barbers/laws.html>

### ***Title 5 Administrative Procedures and Services § 341***

<http://legislature.maine.gov/statutes/5/title5ch341sec0.html>

### ***Title 10 Department of Business Regulation Law §§8001-8009***

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

### ***Office of Professional and Occupational Regulation Rules 02 041***

<http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals

This office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available online at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Please visit the websites listed to access these documents electronically. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

## **SECTION 13: ENDORSEMENT FOR SCHOOL RENEWAL APPLICATION**

Read the statement below and sign where indicated as your certification of the information provided on this application

Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Barbering & Cosmetology Licensing Program will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature	Date
	